



IDOC

Indiana Department of Corrections

Job Shadow Application: Parole Services

Name: _____

Employee ID#: _____

Phone: _____

E-Mail Address: _____

Position: _____

District: _____

Position You Wish To Shadow: _____

Preferred Location:

___ Parole District #1 – Re-Entry

___ Parole District #5 – Bloomington

___ Parole District #2 – Ft. Wayne

___ Parole District #6 – Merrillville

___ Parole District #3 – Indianapolis

___ Parole District #7 – New Castle

___ Parole District #4A – Evansville

___ Parole District #8 – South Bend

___ Parole District #4B – Terre Haute

___ Other _____

AREAS OF INTEREST

___ Parole Officer

___ Senior Parole Officer

___ District Supervisor

___ Administration

By signing below I am agreeing to the guidelines approved for Phase Two of the Job Shadowing Program.

Employee Signature: _____

Date: _____

Applicant do not write below this line:

Supervisor Signature: _____

Date: _____

Printed Name: _____

Human Resources:

Meets qualifications/requirements for position requested: Yes No

Human Resources Signature/Email attached:_____

Date:_____

Training Department:

CBT Completion Date:_____

Trainer's Signature:_____

Date:_____

Printed Name:_____

PPCC Committee

Comments:_____

Recommended Job Shadowing time frame (7.5 up to 37.5 hours)_____

PPCC Representative Signature: _____ Date: _____

Printed Name:_____

District Director Signature: _____

Date: _____

Approved time frame for Job Shadowing:_____

Assigned Job Shadowing Coach:_____